City of Greensboro Industrial User Wastewater Survey & Significant Industrial User [Wastewater Discharge] Permit Application

The information provided on this questionnaire serves two functions:

1. The information is used to determine if your facility needs a Significant Industrial User [SIU] Permit for the discharge of wastewater to the City of Greensboro sanitary sewer system.
2. If a Significant Industrial User [SIU] Permit is required, this survey serves as the application for an SIU Permit.

Confidential Information: Unless deemed otherwise by the City of Greensboro Industrial Waste Section, all information in this Application and corresponding Wastewater Discharge Permit is considered Public Information and is available to any member of the public upon request. Confidential information is information that is considered proprietary, trade secret, or may have an adverse impact on a business advantage should it be divulged.

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in 40 CFR Part 2 [Federal Regulations] and Article X of the Greensboro Sewer Use and Pretreatment Ordinance. *In accordance with 40 CFR Part 403.14, information and data provided in this questionnaire that identifies the content, volume and frequency of the effluent wastewater discharge cannot be claimed as confidential and shall be available to the public without restriction.* **See application cover pages for procedures to claim other information as confidential.**

A. GENERAL INFORMATION

A1. Company Name, Address, Contact Information

<table>
<tr><td colspan="6">Company Name:</td></tr>
<tr><td colspan="3">Physical street address of facility</td><td colspan="3">Official mailing address, if different. Note if same.</td></tr>
<tr><td>City</td><td>State</td><td>Zip</td><td>City</td><td>State</td><td>Zip</td></tr>
<tr><td colspan="3">Person on-site at the facility who is authorized to represent the company in an official capacity in conjunction with the City of Greensboro Industrial Waste Section matters</td><td colspan="3">Alternative on-site person familiar with the day-to-day operations, environmental permitting requirements, monitoring, record keeping, and data management</td></tr>
<tr><td colspan="3">Name</td><td colspan="3">Name</td></tr>
<tr><td colspan="2">Title</td><td>Yrs with company</td><td colspan="2">Title</td><td>Yrs with company</td></tr>
<tr><td>Phone #</td><td colspan="2">Fax #</td><td>Phone #</td><td colspan="2">Fax #</td></tr>
<tr><td colspan="3">e-mail address</td><td colspan="3">e-mail address</td></tr>
</table>

A2. Please check below to indicate the purpose(s) of this Submittal. Read each option carefully and check all that apply.

☐ **New Permit for *Proposed* Discharge** [This facility is a new facility or one currently under construction and has never discharged wastewater to the City of Greensboro Sanitary Sewer System]

Anticipated Date of Discharge ☐

☐ **Existing Unpermitted Discharge** [This facility is an existing facility that is currently discharging wastewater to the City of Greensboro sanitary sewer but has never applied for an SIU Permit]

☐ **Baseline Monitoring Report [BMR]** [The discharge from this facility is covered by a Federal Categorical Pretreatment Standard and a *one-time* BMR is required by the Federal EPA.]

☐ **BMR For "New Source" Categorical SIU** [The applicable Federal Categorical Standard is now in effect and this facility must meet "New Source" Standards.]

☐ **BMR For "Existing Source" Categorical SIU** [This facility was in existence when the applicable Federal Categorical Standard was promulgated. Thus, this facility is subject to "Existing Source" standards.]

☐ **Permit Renewal for Existing SIU Permit** [This facility currently has a valid City of Greensboro SIU Permit and wishes to renew the permit in response to the permit expiration date.]

Does this application request a greater amount of wastewater discharge [flow], a greater amount of pollutant discharge or a discharge of different pollutants than specified in the last wastewater permit application for this facility?

☐ **YES** ☐ **NO**

☐ **Permit Modification for Existing SIU Permit** [This facility currently has a valid City of Greensboro SIU Permit and wishes to request a change in that permit for the following reason(s):]

B. BUSINESS ACTIVITY

B1.	Provide a **detailed** narrative description of the type of business, manufacturing processes, and/or service activities the company conducts at this site.

B2.	List the types of products [using common/brand names and/or the proper/scientific name] produced at this facility and the daily average and daily maximum production amounts for the previous calendar year. New facilities must estimate "full production" anticipated during the next three years. S*pecify daily units of production*. Attach additional pages if necessary.

Check one: ☐ **PREVIOUS CALENDAR YEAR DATA**

☐ **ESTIMATED PRODUCTION DATA [New Facilities]**

Product	**Daily Average [units]**	**Daily Maximum [units]**

B3. For all processes on the premises, indicate the North American Industrial Classification System [NAICS] Code Number, as found in the NAICS manual [prepared by the Executive Office of the President, Office of Management and Budget]. If more than one code number applies, list in order starting with process that has the most impact on wastewater generation.

NAICS Number	NAICS Description/Name

B4. Alternately, you may list the Standard Industrial Classification Numbers for all processes on the premises. Please use the 1987 edition of the SIC Code Manual [Office of the President, Office of Management and Budget]. If more than one SIC code number applies, list in order starting with process that has the most impact on wastewater generation.

SIC Code Number	SIC Code Description/Name

B5. List of Federal Categorical Pretreatment Standards

The United States Environmental Protection Agency has promulgated national discharge standards for certain industrial categories and processes. Any discharge regulated under a Federal Categorical Pretreatment Standard ***must*** be issued a "Significant Industrial User" Permit [regardless of the amount of wastewater flow discharged to the POTW]. If your facility employs processes in any of the industrial categories listed in this section you *may* be regulated by a Federal Categorical Pretreatment Standard. Place a check beside any industrial category or business activity that is applicable to your facility [regardless of whether the activity or process generates wastewater]. Check all that apply. If you have questions regarding how to categorize your business activity, contact the City of Greensboro Industrial Waste Section for technical assistance.

B5. [continued] Check any activities/operations listed below that are performed at your facility:

Industrial Categories with Federal Categorical Pretreatment Standards

Check below	40 CFR#	Industrial Activity	Check below	40 CFR#	Industrial Activity
	467	Aluminum Forming		432	Meat products
	427	Asbestos Manufacturing		433	Metal finishing
	461	Battery Manufacturing		464	Metal molding and casting
	431	Builders paper & board mills		436	Mineral mining and processing
	407	Canned & preserved fruits & vegetables		471	Nonferrous Metals Forming & Metals Powders
	408	Canned & preserved seafood		421	Nonferrous Metals Manufacturing
	458	Carbon black Manufacturing		414	Organic Chemicals, Plastics &
	411	Cement Manufacturing			Synthetic Fibers [OCPSF] Manufacturing
	434	Coal Mining		435	Oil & gas extraction
	437	Centralized Waste Treatment		440	Ore mining and dressing
	465	Coil Coating		446	Paint formulating
	468	Copper Forming		443	Paving & Roofing Materials Manufacturing
	405	Dairy products processing		455	Pesticide Manufacturing
	469	Electrical & electronic components Mfg.		419	Petroleum Refining
	413	Electroplating		439	Pharmaceutical Manufacturing
	457	Explosives Manufacturing		422	Phosphate Manufacturing
	412	Feedlots		459	Photographic Supplies Manufacturing
	424	Ferroalloy Manufacturing		463	Plastics molding and forming
	418	Fertilizer Manufacturing		466	Porcelain enameling
	464	Foundries, Metal Mold & Casting		430	Pulp, Paper, and Paperboard Manufacturing
	426	Glass Manufacturing		428	Rubber Manufacturing
	406	Grain mills		417	Soap & Detergent Manufacturing
	454	Gum & Wood Chemicals Mfg.		423	Steam Electric power Generation
	460	Hospitals		409	Sugar processing
	447	Ink formulating		410	Textile Mills
	415	Inorganic Chemical Manufacturing		429	Timber products processing
	420	Iron & Steel Manufacturing		442	Transportation Equipment Cleaning
	425	Leather Tanning & Finishing		Others	

B6. When were operations started at this facility?	**Facility start-up date**	

B7.	Has this facility ever *at any time* been regulated under a Federal Categorical Pretreatment Standard? If **YES**, give complete 40 CFR number	
	YES	
	No	

B8.	Are any other facilities owned and/or operated by your company regulated under a Federal Categorical Pretreatment Standard]? If **YES,** please give name(s), location, and 40 CFR number.	
	YES	
	No	

C. FACILITY STAFFING AND OPERATIONAL INFORMATION

C1. Shift Information - Complete the following information about the shifts worked at the facility. *For "Production Staff", please <u>list</u> the shifts worked on each work day [i.e. if all 3 shifts work on Monday, list "1,2,3" under Monday. If only the 3rd shift works on Sunday, list "3" in the shifts/day column for Sunday*].

OFFICE/ADMINISTRATIVE STAFF

WORK DAY	MON	TUES	WED	THUR	FRI	SAT	SUN
# Employees							
Start/End Time							

PRODUCTION STAFF

WORK DAY		MON	TUES	WED	THUR	FRI	SAT	SUN
List Shifts/Day								
# Employees	**Shift 1**							
# Employees	**Shift 2**							
# Employees	**Shift 3**							
Start/End Time	**Shift 1**							
Start/End Time	**Shift 2**							
Start/End Time	**Shift 3**							

C2. **TOTAL NUMBER OF PERSONS EMPLOYED AT THIS SITE**

C3. Shift Activities – Describe in general terms the type(s) of activities *[administrative/office, full manufacturing, limited manufacturing, clean-up of manufacturing areas, equipment maintenance, janitorial, etc.]* that are conducted on each shift on each workday. For instance, some facilities conduct manufacturing on 1st and 2nd shifts and conduct only "manufacturing area clean-up" and "equipment maintenance" activities on 3rd shift. Others may conduct "full manufacturing" Monday through Friday but only "limited manufacturing" on Saturday and Sunday. Other facilities that only operate one shift conduct manufacturing and administrative activities Monday through Friday and conduct janitorial and maintenance on Saturday and Sunday. *Please complete each row. If the facility does not conduct any activities during a particular shift, please write "Closed".*

WORK DAY	SHIFT	DESCRIPTION OF SHIFT ACTIVITIES
Monday	**Shift 1**	
	2	
	3	
Tuesday	**Shift 1**	
	2	
	3	
Wednesday	**Shift 1**	
	2	
	3	
Thursday	**Shift 1**	
	2	
	3	
Friday	**Shift 1**	
	2	
	3	
Saturday	**Shift 1**	
	2	
	3	
Sunday	**Shift 1**	
	2	
	3	

C4. Does any production process that generates wastewater vary significantly (+/- 20%) by season? If **YES**, please describe.

YES	
No	

C5.	City of Greensboro wastewater discharge permits are normally effective for 5 years. Are any significant (+/- 20%) changes in production expected in the next 5 years that will affect the volume and/or characteristics of the wastewater discharged? If **YES**, please describe.	
	YES	
	No	

C6.	Does the facility shut down production activities for scheduled vacation periods, maintenance or other reasons? If **YES**, please indicate reasons and time period(s) when shut down(s) occurs.	
	YES	
	No	

D. WATER SOURCES AND WASTEWATER DISCHARGES

D1. Water Supply, Use and Disposal Summary [New Facilities Please Estimate]

Complete the worksheet on the next page to summarize water usage and wastewater disposal practices at your facility. *There must be a final disposition for all water/wastewaters listed.* This is essentially a "balance worksheet" for water and wastewater. The following information should be helpful to you in the completion of this section:

Water Sources/Gallons: [All values should be "measured" except for NEW facilities.]

If you read your incoming water meter every day, just calculate the average daily value for the past calendar year and use as "average gallons per day". Use the maximum daily value recorded for the "maximum gallons per day".

If you do not conduct incoming water meter readings, refer to the previous 12 City of Greensboro monthly water bills to determine average daily volume of water used. The volumes on the bills are in units [100 cubic feet] of water. **One unit is 748 gallons.** Take the average of the 12 months. Thus, if you average 1850 units of water per month you use 1,383,800 gallons per month. Divide this value by the average number of workdays in a month [*typically 22 for a facility that works Monday through Friday and 30 for facilities that operate every day]* to get average gallons per day. Calculate the "maximum gallons per day" by using the highest monthly average.

Domestic Water Used:

Use 30 gallons per day per employee for a "typical" facility. If you have employee showers or require "ultra clean" procedures for all employees [*i.e. pharmaceutical manufacturing, food processing*] use 45 gallons per day per employee.

D1. Water Supply, Use, & Disposal Summary:

	Water Used for:	**Water Source(s)** (see Source List below)	**Average Gallons per Day**	**Maximum Gallons per Day**	**MEASURED**	**ESTIMATE**	**Disposal Method(s)** (see Disposal List below)	**Average Gallons per Day**	**Maximum Gallons per Day**	**MEASURED**	**ESTIMATE**
1.	Production Process water										
2.	*Contact* Cooling Water [Process]										
3.	*Non-Contact* Cooling Water [Process]										
4.	Water Incorporated into product(s)										
5.	Domestic– toilets/drinking/cafeteria										
6.	Boiler and Cooling Tower Feed										
7.	Facility/Equipment Washdown water										
8.	Industrial Storm Water										
9.	Air Pollution Control										
10.	Other										
		Totals =>					Totals =>				

Water Sources:

1. City of Greensboro
2. Private well
3. Groundwater remediation wells
4. Private ponds
5. Surface waters of NC, please identify
6. Precipitation
7. Include others if applicable

Water Disposal Methods

1. Sanitary sewer [Greensboro POTW], with pretreatment
2. Sanitary sewer [Greensboro POTW], without pretreatment
3. Storm sewer
4. Surface waters of North Carolina [NPDES Permit]
5. Evaporation
6. Land applied [Spray Irrigation Permit]
7. Water incorporated into Product(s)
8 Recycle/Recirculation
9. Septic Tank
10. Waste Haulers/CWT [Identify in Section G]
11. Include others, if applicable

D2. How many hours per day does a process wastewater discharge occur from this facility? *If the facility does not discharge any wastewater on certain days, please write " No Discharge" in the column for that day.*

NUMBER OF HOURS PER DAY THAT WASTEWATER DISCHARGE OCCURS

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

D3. During what specific hours does the wastewater discharge occur? Please use military time designation [i.e. 1:00 pm would be 1300 and if you discharge from 5 am until 7 pm you would write 0500-1900]. *If the facility does not discharge any wastewater on certain days, please write "No Discharge" in the column for that day.*

SPECIFIC TIMES OF WASTEWATER DISCHARGE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

D4. Indicate whether any of the production process(es) at your facility generate a continuous "flow-through" wastewater discharge to the Greensboro POTW and/or whether the production process(es) at your facility generate a "batch" wastewater discharge to the Greensboro POTW. Please note that you may have some of both. *[For example, a production process may generate an overflow rinse that is "continuous" but on Friday the same tank may be emptied as a "batch" discharge. The discharge of a wastewater flow equalization tank should be listed as a "batch" discharge.]*

CONTINUOUS DISCHARGE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Continuous Flow [Y or N]							

BATCH DISCHARGES

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# Batches/Day							
Avg. Gallons per Batch							

D5.	Describe any seasonal or unusual discharge variations at your facility. [*For example, some textile facilities change from "winter goods" to" summer goods", certain food processing (ice cream) and pharmaceutical manufacturing (cold remedies) have "seasonal" changes in the wastewater characteristic due to varying product demand.]*

D. WASTEWATER EFFLUENT CHARACTERISTICS

E1. "PRIORITY POLLUTANT" CHECKLIST

The United States Environmental Protection Agency published the following list of "Priority Pollutants". This list contains pollutants that EPA considers to be generally incompatible with conventional wastewater treatment processes when discharged in certain quantities. *The EPA requires the City of Greensboro to request information on these pollutants from all significant dischargers to the POTW.*

Does your facility purchase, store on-site, use, generate or have the potential to discharge in measurable quantities, any of the compounds on the "EPA Priority Pollutant" List?

A review of Material Safety Data Sheets [MSDS] for chemicals purchased, stored on-site or used at your facility will assist you in the completion of this section. Usually Section 2 of the MSDS is called "Hazardous Ingredients" or "Composition/Information on Ingredients". This section lists the chemical ingredients [usually by percent (%)]. The Chemical Abstract Number [CAS#] will often be listed in addition to the name of the chemical. The same chemical may have more than one "brand name", but the CAS# is unique to a specific chemical formula regardless of the name. *[CAS Numbers are included on this Priority Pollutant Checklist to assist you.]*

PLEASE CHECK <u>TWO</u> COLUMNS FOR EACH CHEMICAL ON THIS LIST.

*If the chemical is **<u>not</u>** <u>present</u> at the facility [i.e. <u>not</u> purchased, <u>not</u> stored on-site, <u>not</u> used and <u>not</u> generated in any of the processes]*, check "Absent at Facility" *and* "Absent in Discharge to POTW".

If the chemical is purchased, stored on-site, used or generated at the facility BUT is <u>not</u> present in the wastewater discharged to the Greensboro POTW, check "Present at Facility" *and* "Absent in Discharge to POTW".

NOTE CONCERNING SMALL QUANTITIES OF CHEMICALS: If the chemical is purchased, stored on-site or used at the facility but is present <u>only</u> in laboratory quantities, please indicate by the use of an asterisk (*) next to the check in "Present at Facility" column *and/or the check in* "Present in Discharge to POTW" column.

"PRIORITY POLLUTANT" CHECKLIST

Chemical Name	Chemical Abstract Number **[CAS#]**	Check if **Present** at Facility	Check if **Absent** at Facility	Check if **Present** in Discharge to POTW	Check if **Absent** in Discharge to POTW	Concentration in Discharge, if Known (mg/l)
Acid Extractable Organic Compounds						
2-Chlorophenol	95-57-8					
2,4-Dichlorophenol	120-83-2					
2,4-Dimethylphenol	105-67-9					
2,4-Dinitrophenol	51-28-5					
2-Methyl-4,6-dinitrophenol	534-52-1					
4-Chloro-3-methylphenol	59-50-7					
2-Nitrophenol	88-75-5					
4-Nitrophenol	100-02-7					
Pentachlorophenol	87-86-5					
Phenol	108-95-2					
2,4,6-Trichlorophenol	88-06-2					
Base Neutral Organic Compounds						
1,2,4-Trichlorobenzene	120-82-1					
1,2-Dichlorobenzene	95-50-1					
1,2-Diphenylhydrazine	122-66-7					
1,3-Dichlorobenzene	541-73-1					
1,4-Dichlorobenzene	106-46-7					
2,4-Dinitrotoluene	121-14-2					
2,6-Dinitrotoluene	606-20-2					
2-Chloronaphthalene	91-58-7					
3,3-Dichlorobenzidine	91-94-1					
4-Bromophenyl phenyl ether	101-55-3					
4-Chlorophenyl phenyl ether	7005-72-3					
Acenaphthene	83-32-9					
Acenaphthylene	208-96-8					
Anthracene	120-12-7					
Benzidine	92-87-5					
Benzo (a) anthracene	56-55-3					
Benzo (a) pyrene	50-32-8					
Benzo (b) fluoranthene	205-99-2					
Benzo (ghi) perylene	191-24-2					
Benzo (k) fluoranthene	207-08-9					
Bis (2-chloroethoxy) methane	111-91-1					
Bis (2-chloroethyl) ether	111-44-4					
Bis (2-chloroisopropyl) ether	102-60-1					
Bis (2-ethylhexyl) phthalate [DEHP]	117-81-7					
Butyl benzyl phthalate [BBP]	85-68-7					
Chrysene	218-01-9					

E1. "PRIORITY POLLUTANT" CHECKLIST (continued)

Chemical Name	Chemical Abstract Number **[CAS#]**	Check if **Present** at Facility	Check if **Absent** at Facility	Check if **Present** in Discharge to POTW	Check if **Absent** in Discharge to POTW	Concentration in Discharge, if Known (mg/l)
Base Neutral Organic Compounds (continued)						
Di-n-butyl phthalate [DBP]	84-74-2					
Di-n-octyl phthalate [DOP]	117-84-0					
Dibenzo (a,h) anthracene	53-70-3					
Diethyl phthalate [DEP]	84-66-2					
Dimethyl phthalate [DMP]	131-11-3					
Fluoranthene	206-44-0					
Fluorene	86-73-7					
Hexachlorobenzene	118-74-1					
Hexachlorobutadiene	87-68-3					
Hexachlorocyclopentadiene	77-47-4					
Hexachloroethane	67-72-1					
Indeno (1,2,3-cd) pyrene	193-39-5					
Isophorone	78-59-1					
N-nitroso-di-n-propylamine	621-64-7					
N-nitrosodimethylamine	62-75-9					
N-nitrosodiphenylamine	86-30-6					
Naphthalene	91-20-3					
Nitrobenzene	98-95-3					
Phenanthrene	85-01-8					
Pyrene	129-00-0					
Metals						
Aluminum						
Antimony	7440-36-0					
Arsenic	7440-38-2					
Beryllium	7440-41-7					
Cadmium	7440-43-9					
Chromium	7440-47-3					
Copper	7440-50-8					
Lead	7439-92-1					
Mercury	7439-97-6					
Molybdenum	7439-98-7					
Nickel	7440-02-0					
Selenium	7782-49-2					
Silver	7440-22-4					
Thallium	7440-28-0					
Zinc	7440-66-6					

E1. "PRIORITY POLLUTANT" CHECKLIST (continued)

Chemical Name	Chemical Abstract Number [CAS#]	Check if **Present** at Facility	Check if **Absent** at Facility	Check if **Present** in Discharge to POTW	Check if **Absent** in Discharge to POTW	Concentration in Discharge, if Known (mg/l)
Other Inorganic Pollutants						
Barium	7440-39-3					
Chloride						
Cyanide	57-12-5					
Fluoride						
Purgeable Volatile Organic Compounds [VOCs]						
1,1,1-Trichloroethane	71-55-6					
1,1,2,2-Tetrachloroethane	79-34-5					
1,1,2-Trichloroethane	79-00-5					
1,1-Dichloroethane	75-34-3					
1,1-Dichloroethylene	75-35-4					
1,2-Dichloroethane	107-06-2					
1,2-Dichloropropane	78-87-5					
2-Chloroethyl vinyl ether	110-75-8					
Acrolein	107-02-8					
Acrylonitrile	107-13-1					
Benzene	71-43-2					
Bromodichloromethane	75-27-4					
Bromoform	75-25-2					
Bromomethane	74-83-9					
Carbon tetrachloride	56-23-5					
Chlorobenzene	108-90-7					
Chloroethane	75-00-3					
Chloroform	67-66-3					
Chloromethane	74-87-3					
Cis 1,3-Dichloropropene						
Dibromochloromethane	594-18-3					
Ethylbenzene	100-41-4					
Methylene chloride	75-09-2					
Tetrachloroethylene	127-18-4					
Toluene	108-88-3					
trans 1,3-Dichloropropene						
trans-1,2-Dichloroethylene	156-60-5					
Trichloroethylene	79-01-6					
Trichlorofluoromethane						
Vinyl chloride	75-01-4					
Other Pollutants of Concern						
Xylene						

E2. Are biocides [chemicals used to control bacterial and/or algal growth] added to any water [in cooling towers, boilers, etc.] that is eventually discharged to the POTW? If **YES**, complete the Biocide section below:	
YES	
No	

BIOCIDE	**DOSAGE**	**USED IN:**

E3. Is there any wastestream or any wastewater being discharged from your facility that was not originally generated on-site at your facility? If **YES**, complete the following section: [Check all that apply]	
YES	
No	

☐ **YES,** this facility discharges wastewater generated "off-site" waste because it is a Centralized Waste Treatment Facility [40 CFR Part 437]

☐ **YES**, this facility discharges wastewater generated "off-site" waste because it is a Transportation Equipment Cleaning Facility [40 CFR Part 442]

☐ **YES - OTHER** PLEASE COMPLETE TABLE E3

TABLE E3 - **OTHER OFF-SITE WASTEWATER GENERATED**

WASTESTREAM DESCRIPTION	
WASTESTEAM ORIGINATION	
WASTESTEAM VOLUME	
DISCHARGE FREQUENCY	

F. WASTEWATER PRETREATMENT FACILITIES

F1. Are there any pretreatment devices or processes used for treating wastewater before being discharged to the sanitary sewer [POTW]? Check/describe all that are present.

No wastewater pretreatment facilities [SKIP TO SECTION G] => ☐

1.	Flow equalization	Yes ☐	No ☐	Aerated equalization =>	
				NON-Aerated equalization =>	
				Total volume of equalization (gallons) =>	

2.	Activated Carbon	Yes		No	
3.	Air Stripping	Yes		No	
4.	Biological Treatment ☐ Other	Yes		No	☐ Activated Sludge ☐ Rotating Biological Contactor [RBC] ☐ Trickling Filter ☐ Sequencing Batch Reactor [SBR]
5.	Chemical Precipitation	Yes		No	
6.	Chlorination	Yes		No	
7.	Cyanide Destruction	Yes		No	
8.	Cyclone	Yes		No	
9.	Dissolved Air Floatation [DAF]	Yes		No	
10.	Flocculation	Yes		No	
11.	Grease Trap	Yes		No	
12.	Ion Exchange	Yes		No	
13.	Neutralization, pH adjustment	Yes		No	
14.	Oil/Water Separator	Yes		No	
15.	Ozonation	Yes		No	
16.	Reverse Osmosis	Yes		No	
17.	Septic Tank	Yes		No	
18.	Silver Recovery	Yes		No	
19.	Solids Removal ☐ Other	Yes		No	☐ Centrifuge ☐ Clarifier ☐ Filtration ☐ Grit Removal ☐ Sedimentation ☐ Screening ☐ Ultrafiltration ☐ Filter Press
20.	Solvent Separation	Yes		No	
21.	Spill protection	Yes		No	
	List others				

NOTE TO NEW FACILITIES: North Carolina Law requires that plans for all pretreatment facility processes must be submitted to the City of Greensboro Industrial Waste Section and an "Authorization to Construct" [A to C] must be obtained from the Industrial Waste Section prior to construction.

F2.	Describe any bypass lines or procedures intended to accommodate unusual occurrences that may allow untreated wastewater to be discharged.

F3.	Who is the on-site wastewater pretreatment facility operator for your company?

Name		
Title		Yrs with company
Phone #	Fax #	
e-mail address		

F4.	Is there a written procedures manual for the operation of the wastewater pretreatment system/process?	
	YES	
	No	

F5.	Is there an established maintenance schedule for the wastewater pretreatment system? If **YES**, please describe.	
	YES	
	No	

F6.	Are there any changes planned for the wastewater pretreatment facility/processes in the next five years? If **YES**, please describe.	
	YES	
	No	

Note: North Carolina law requires that plans for any changes to the pretreatment facility/processes must be submitted to the City of Greensboro Industrial Waste Section and an "Authorization to Construct"[A to C] must be obtained from the Industrial Waste Section prior to modification.

G. NON-DISCHARGED WASTEWATERS/WASTES

G1.	Are any wastewaters, wastes or sludges generated at this facility that are NOT disposed of via discharge to the City of Greensboro POTW? *[Examples include solvents, off-spec products, alkaline cleaners, spent silver solutions, treatment sludges, plating solutions, pesticides, etc.]*	
	YES, complete the rest of Section G	
	No. Skip to Section H	

Description/Type of Waste	***** (H) or (N)**	**Quantity (per year)**	**Disposal Method (off-site/on-site)**

*** Hazardous Waste (H) or Non-Hazardous Waste (N)

G2.	If any of your wastewaters/waste/sludges are sent to an off-site Centralized Waste Treatment Facility, identify the waste/wastewaters and the CWT facility.

Type of Waste/Wastewater	**Centralized Waste Treatment Facility**

G3.	If a waste hauler (other than the CWT facilities listed above) removed/transported any waste/wastewaters/sludges from your facility, complete the name, address/phone number and waste description for all waste haulers used in the previous calendar year.

Waste Hauler	Address/Phone Number	Type of Waste

G4.	Do you have copies of manifests for all waste/wastewater/sludges hauled off-site within the last calendar year?

Yes	
No	

H. CHEMICAL STORAGE AND SPILL PREVENTION

H1.	Do you have any underground storage tanks at your facility? If **YES**, list contents and volume of each tank. [*Remember to show location of tank(s) on site diagrams required in Section J.]*

YES	
No	

UNDERGROUND TANK CONTENTS	TANK VOLUME

H2.	Do you have any above ground storage tanks at your facility? If **YES**, for each tank, list the contents, volume, spill prevention and/or containment devices and procedures for draining any containment devices. Use Codes included in H2 and use additional pages if necessary. [*Remember to show location of tank(s) on site diagrams required in Section J.]*

YES	
No	

ABOVE GROUND TANK CONTENTS	**TANK VOLUME (gallons)**	**SPILL PREVENTION CODE(s)**	**CONTAINMENT AREA DRAINING PROCEDURES**

Spill Prevention Codes for Above Ground Tanks [to be used with question H2]
0 = No containment or spill prevention devices
1 = Earthen Dike with no drain – Liquid must be manually pumped from dike
2 = Concrete Dike with no drain – Liquid must be manually pumped from dike
3 = Earthen Dike with drain/sump to *sanitary* sewer
4 = Concrete Dike with drain/sump to *sanitary* sewer
5 = Earthen Dike with drain to storm sewer or ground
6 = Concrete Dike with drain to storm sewer or ground
7 = Other type of Containment [Please describe in box below]
8 = Tank High Level Alarm
9 = Other type of spill prevention [Please describe in box below]

Containment Area Draining Procedure Codes [to be used with question H2]
A = Containment area is covered.
B = Containment area is never drained. Liquid is allowed to evaporate.
C = Containment area drain is manually opened before rainfall event.
D = Containment area drain is manually opened during rainfall event.
E = Containment area drain is manually opened after rainfall event.
F = Containment area drain opens automatically.
G = Containment area liquid is tested before being drained.
H = Containment area liquid is visually examined before being drained.
I = Containment area liquid is shipped off site for disposal.
J = Containment area liquid is pretreated on-site before discharge.
K = Other Procedure [Please Describe in box below]

H2. "OTHER" Description [Please use corresponding code(s)]

H3. Some types of facilities and/or operations are required to have specific spill or waste control plans. Does this facility have:

a. **Spill Prevention Control and Countermeasure Plan** [SPCC]
[This is a Plan designed to prevent and/or control spills of oil products to streams and storm drains and is required for certain facilities per 40 CFR Part 112.]
☐ **NO** ☐ **YES**

b. **Spill/Slug Control Plan** (*may* be required by City of Greensboro Industrial Waste Section)
[This is a Plan designed to prevent spills and slug loads from entering the POTW and details the actions the facility will take to prevent and/or control a Spill/Slug]
☐ **NO** ☐ **YES**

c. **Toxic Organic Management Plan** [TOMP] or **Solvent Management Plan** (may be required/allowed by certain Federal Categorical Pretreatment Standards)
[This is a Plan that outlines the storage, use and final disposal practices for specific regulated toxic organics and is included in certain Federal Categorical Standards.]
☐ **NO** ☐ **YES**

d. Any other spill or pollution prevention plan required by local, State or Federal authorities
☐ **NO** ☐ **YES** **If yes, give brief description of the plan.**

a. Do any of your plans include notification of the POTW in the event of a spill, bypass or pretreatment facility upset?
☐ **NO** ☐ **YES** **If yes, identify plan.**

H4.	Do you have floor drains in the manufacturing area of your facility?	
	Yes	
	No	

H5.	Do you have floor drains in any chemical storage area of your facility?	
	Yes	
	No	

H. OTHER ENVIRONMENTAL PERMITS

I1. List any other environmental control permits held by or for this facility. [*Examples include Air Permits, National Pollutant Discharge Elimination System (NPDES) Permits, Resource Conservation and Recovery Act (RCRA) Hazardous Waste Permits, Stormwater Permits, etc.]*

Type of Permit	Issuing Authority	Permit Number & Expiration Date

H. OTHER REQUIRED INFORMATION-Diagrams and Effluent Data

The following diagrams and/or flow schematics are <u>required</u> as part of this application. The diagrams or flow schematics can be separate or combined, can be hand drawn and do not necessarily have to be drawn to scale.

Submit each diagram on 8 ½ x 11 inch paper, if possible. If a larger size is needed, the diagram(s) should be no larger than 11 x 17 inches.

If your facility has previously submitted similar diagrams or if the City of Greensboro has drawn similar diagrams and no changes have been made at your facility, you may copy the previous drawing(s) for this section.

An example of each of the required diagrams is included with the Application Cover Page Material and is labeled as follows:

Figure 1: Example Schematic Flow Diagram and Pretreatment System Flow Diagram
Figure 2: Example Site Layout

J1. SCHEMATIC FLOW DIAGRAM [REQUIRED]

The schematic flow diagram is a simple line drawing that illustrates the nature and flow of your plant's processes, placing particular emphasis on the processes that generate wastewater. It also includes any associated wastewater pretreatment processes/systems. At a minimum, the schematic flow diagram should include the following:

- Each plant process that generates wastewater
  - Include all process steps and tanks [with volumes]
  - Identify the chemicals/raw materials used in each step/tank/vessel
- Each process and wastestream should have a unique identifying number
- Discharge points for each process/wastestream

J2. WASTEWATER PRETREATMENT SYSTEM FLOW DIAGRAM [if applicable]

At a minimum, this schematic flow diagram should include the following:

- Flow schematic showing order of treatment units
  - Include all process tanks
  - Identify the chemicals/additives in each tank/vessel
- Each process and wastestream should have a unique identifying number
- Piping and control features
- Compliance sampling point

J3. PLANT SITE LAYOUT [REQUIRED]

The site layout locates each activity included in the schematic flow diagrams in a geographical setting. At a minimum the site layout should include the following:

- Building Outlines, Property Lines
- Water lines and meters
- Sewer Lines [including floor drains] and all connections to sewer
- Storm Drains
- Production Areas, Office Areas and Warehouse Areas
- Cooling Towers, Boilers
- Chemical Storage Areas [including above ground and underground tanks]
- Waste Storage Areas
- Compliance Sampling and Flow Measurement Locations

J4. EFFLUENT SAMPLING DATA [If Requested by City of Greensboro]

Attach a copy of recent laboratory analyses performed on the wastewater discharge(s) from your facility. Summarize data on the attached Data Summary Forms. Required analyses, number of samples and sampling instructions will be provided to you by the Industrial Waste Section.

☐ For an existing SIU or facility, check here if City of Greensboro already has all available data. [In this case, lab sheets and data summary are not required.]

H. CERTIFICATION STATEMENTS

K1. Who gathered the data and completed the information submitted in this document?

Name	
Title	Yrs with company
Phone #	Fax #
e-mail address	

I certify under penalty of law that this document and all attachments were prepared under my direction. The information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

Signature of person listed in K1 that completed the document	Date

K2. This section is to be signed by the "Signatory Official" for the company <u>after</u> thoroughly reviewing the final completed document.

Name of Signatory Official [PLEASE PRINT]	
Title	Yrs with company
Phone #	Fax #
e-mail address	

This is to be signed by an authorized official of your company [defined as "Signatory Official" in Article I, Section IV of the Greensboro Sewer Use and Pretreatment Ordinance] after completion of this form.

I certify under penalty of law that I have examined this submittal and that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

_____ _____

Signature of Authorized Representative (seal if applicable) Date

L. Waste Reduction Information for State of North Carolina

State Pretreatment Regulation 15A NCAC 2H.0916 (c)(1)(M) requires Significant Industrial Users to include a description of current and projected waste reduction (pollution prevention) activities. The codes listed are standard EPA codes found on Toxic Release Inventory [TRI] and other environmental forms. Please check all applicable codes for your facility. The City of Greensboro Industrial Waste Section will forward the information to the State of North Carolina Pretreatment Unit.

Current	Projected	Code	Description
		W13	Improved maintenance scheduling, record keeping, or procedures
		W14	Changed production schedule to minimize equipment and feedstock changeovers
		W19	Other changes in operating practices (explain briefly in comments)
		W21	Instituted procedures to ensure that materials do not stay in inventory beyond shelf-life
		W22	Began to test outdated material-continue to use if still effective
		W23	Eliminated shelf-life requirements for stable materials
		W24	Instituted better labeling procedures
		W25	Instituted clearinghouse to exchange materials that would otherwise be discarded
		W29	Other changes in Inventory control (explain briefly in comments)
		W31	Improved storage or stacking procedures
		W32	Improved procedures for loading, unloading and transfer operations
		W33	Installed overflow alarms or automatic shutoff valves
		W34	Installed secondary containment
		W35	Installed vapor recovery systems
		W36	Implemented inspection or monitoring program of potential spill or leak sources
		W39	Other spill and leak prevention (explain briefly in comments)
		W41	Increased purity of raw materials
		W42	Substituted raw materials
		W49	Other raw material modifications (explain briefly in comments)
		W51	Instituted recirculation within a process

L. Waste Reduction Information for State of North Carolina (continued)

Current	Projected	Code	Description
		W52	Modified equipment, layout, or piping
		W53	Use of a different process catalyst
		W54	Instituted better controls on operating bulk containers to minimize discarding of empty containers
		W55	Changed from small volume containers to bulk containers to minimize discarding of empty containers
		W58	Other process modifications (explain briefly in comments)
		W59	Modified stripping / cleaning equipment
		W60	Changed to mechanical stripping / cleaning devices (from solvents or other materials)
		W61	Changed to aqueous cleaners (from solvents or other materials)
		W62	Reduced the number of solvents used to make waste more amenable to recycling
		W63	Modified containment procedures for cleaning units
		W64	Improved draining procedures
		W65	Redesigned parts racks to reduce dragout
		W66	Modified or installed rinse systems
		W67	Improved rinse equipment design
		W68	Improved rinse equipment operation
		W71	Other cleaning and degreasing operation (explain briefly in comments)
		W72	Modified spray systems or equipment
		W73	Substituted coating materials used
		W74	Improved application techniques
		W75	Changed from spray to other system
		W78	Other surface preparation and finishing (explain briefly in comments)
		W81	Changed product specifications
		W82	Modified design or composition of product
		W83	Modified packaging
		W89	Other product modifications (explain briefly in comments)
		W99	Other (specify in comments)

Comments [Please list corresponding code(s)]

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe#

						BOD		TSS		Ammonia	
Lab =>		Laboratory performing analysis =>									
MDL =>		Laboratory Method Detection Limits =>									
Notes =>		Notes =>									
			Q = Flow								
Sample ID, or Count	Date Sample Collected	Notes about Sample	M = Metered E = Estimated	mgd	gal/day	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
etc											
TNS =>		Total number of samples =>									
Max. value =>		Maximum data value (mg/l) =>									
Avg. (use 1/2 BDL) =>		Avg. data value, Include BDL values as 1/2 detection limit =>									

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

		Arsenic		**Copper**		**Chromium**		**Cadmium**		**COD**		**Copper**	
	Lab =>												
	MDL =>												
	Notes =>												
Sample ID or Count	Date Sample Collected		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab
		<?	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													
	TNS =>												
	Max. Value =>												
	Avg. (use1/2 BDL) =>												

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

		Cyanide		**Lead**		**Mercury**		**Nickel**		**Silver**		**Zinc**	
	Lab =>												
	MDL =>												
	Notes =>												
Sample ID or Count	Date Sample Collected		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab
		<?	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													
	TNS =>												
	Max. Value =>												
	Avg. (use1/2 BDL) =>												

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

		Other		**Other**		**Other**		**Other**		**Other**		**Other**	
	Lab =>												
	MDL =>												
	Notes =>												
Sample ID or Count	Date Sample Collected		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab
		<?	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													
	TNS =>												
	Max. Value =>												
	Avg. (use1/2 BDL) =>												